

**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner

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www.oci.ga.gov

HAZARDOUS MATERIALS

GID 246 SF JAN2012
(same as SFD-46)**ANHYDROUS AMMONIA APPLICATION**

I hereby submit the following information in request for an Anhydrous Ammonia Permit as set forth in the 1949 Georgia Fire Safety Law and the Rules and Regulations promulgated by the Safety Fire Commissioner of the state of Georgia.

Owner Information							
Name of Owner							
Physical Address							
City		County		State		Zip	
Email Address					Phone		
Corporation/Firm Information							
Name of Corporation/Firm					Phone		
Business Address							
City		County		State		Zip	
Site Information							
Location/Address of Site					Phone		
City		County		State		Zip	
Number of:							
Tanks		Maximum amount in gallons to be stored					
Service Trucks		Years dealing with Anhydrous Ammonia, if applicant.					
Transport Trucks		Full Time Employees					
Do you own other anhydrous ammonia installations in Georgia? Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes, please explain _____							

It is understood that I am familiar with the requirements of the Anhydrous Ammonia regulations and that I will comply with the provisions. I understand this permit is not transferable and agree that any changes in ownership or company will be reported to the State Fire Marshal for approval. The mandatory permit fee pursuant to O.C.G.A. Section 25-2-4.1 is attached. **Make check payable in the amount of \$150.00 to the Georgia Dept. of Insurance-Safety Fire Division.**

ADDRESS TO REMIT BY MAIL:

Georgia Dept. of Insurance- Fire Safety Division, P.O. Box 935136, Atlanta, GA 31193-5136

ADDRESS TO REMIT BY COURIER:

Wachovia Bank, Georgia Dept. of Insurance- Fire Safety Division, Lockbox 935136, 3585 Atlanta Ave, Hapeville, GA 30354

Effective 1-1-2012, the Citizenship Affidavit Form GID-276-EN must be submitted with this application for processing.

I do hereby certify that I have in my employ the following persons who are thoroughly familiar with the existing Anhydrous Ammonia regulations of this state, further qualified by actual experience in handling and installing anhydrous ammonia equipment.

Applicant Information							
Name of Applicant							
Applicant Address							
City		County		State		Zip	
Signature				Title		Date	